

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

09/869122

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5		2					55						
6		2					56						
7	1						57						
8	1						58						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL D.	6						TOTAL IND.						
TOTAL EP.	4						TOTAL DEP.						
TOTAL AIMS	10						TOTAL CLAIMS						